

MEBA VACATION / LWOP*
REQUEST

STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION & PUBLIC FACILITIES
ALASKA MARINE HIGHWAY SYSTEM
7559 N. TONGASS HWY., KETCHIKAN, AK 99901
FAX: (907) 228-6873

A. **NAME:** _____ **DATE:** _____
JOB: _____ **VESSEL & CREW:** _____ **PHONE:** _____

B. PREFERENCE FOR MY VACATION AND/OR TIME OFF IS LISTED AS FOLLOWS:

- 1) FIRST OPTION: FROM: _____ TO AND INCLUDING: _____
NUMBER OF WEEKS: _____ PAY PERIOD ENDING: _____
- 2) SECOND OPTION: FROM: _____ TO AND INCLUDING: _____
IF 1st IS NOT APPROVED.
NUMBER OF WEEKS: _____ PAY PERIOD ENDING: _____
- 3) THIRD OPTION: FROM: _____ TO AND INCLUDING: _____
IF 1st OR 2nd IS NOT APPROVED.
NUMBER OF WEEKS: _____ PAY PERIOD ENDING: _____
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C. OTHER USES OF VACATION:

- 1) I AUTHORIZE THE USE OF VACATION AND/OR "A" DAYS IN LIEU OF SICK LEAVE AFTER I HAVE EXPENDED ALL ACCUMULATED SICK LEAVE AND ONLY UNTIL I AM FIT FOR DUTY. _____ [INITIAL]
- 2) IF ELIGIBLE IN ACCORDANCE WITH APPLICABLE CONTRACT LANGUAGE, I WISH TO CASH IN 1 WEEK OF VACATION OF EIGHTY-FOUR (84) HOURS. _____ [INITIAL]
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D. EMPLOYEE SIGNATURE: _____

CONTACT INFORMATION: PRIMARY #: _____ ALTERNATE #: _____

E. VACATION APPROVAL: OPTION NO. _____ IS APPROVED OR LEAVE IS DENIED: _____

RELIEF EMPLOYEE ASSIGNED: _____ CHANGE PORT: _____

EMPLOYEE TO BE SUBJECT TO DISPATCH ON /OR AFTER _____

SIGNED: FOR THE UNION

SIGNED: FOR AMHS

DATE _____

*** L. W. O. P. WILL NOT BE APPROVED UNTIL AFTER ALL VACATION AND / OR "(A) DAYS HAVE BEEN EXPENDED.**

*** IF AN EMPLOYEE SEPARATES FROM SERVICE WHILE ON VACATION/LWOP, IT MAY HAVE A NEGATIVE AFFECT ON PAY AND BENEFITS. PLEASE CONTACT PAYROLL SERVICES WITH ANY QUESTIONS.**

REMARKS:
